

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000049323 (7)**

1. Corporation Name  
**DOUGLIN MANAGEMENT CORPORATION**



Principal Place of Business: **P.O. BOX 121 DEBARY FL 32713**  
Mailing Address: **P.O. BOX 121 DEBARY FL 32713**

3. Date Incorporated or Qualified: **07/08/1993**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-3192181</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip	Country	Zip	Country	29	30		

**9. Name and Address of Current Registered Agent**

**ABELES, DAVID E  
5 W HIGHBANKS RD  
DEBARY FL 32713**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHALETT CHARLES</b>	1.2 NAME	<b>D</b>
STREET ADDRESS	<b>505 DELTONA BLVD</b>	1.3 STREET ADDRESS	<b>LINDA STAMPFLI</b>
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	<b>12738 S. GROSHONG ROAD</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>MOLALLA, OR 97038</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>D</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>RON ADE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>8511 SERENATA DRIVE</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>WHITTIER, CA 90603</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DAVID E. ABELES</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5 W. HIGHBANKS ROAD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>DEBARY, FL. 32713</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96** **407-668-8511**  
Date Daytime Phone #

CR2E034 (12/95)